Permit Fee: \$		
Permit No.		

TOWN OF MASHPEE COMMERCIAL

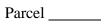
Received

Date Issued:

BUILDING PERMIT APPLICATION

Tel. 508 539-1406 Fax 508 539-1142

Map _____



	TOTABLE CO. M.
Job Address:	Zone
Owner:	Phone:
Address:	
Bldg. USE is: Multi Family (No. of u	units) Commercial Automotive School
Industrial Business 0	Child/Daycare Medical Restaurant/Bar
Purpose of Permit: New Building _	Addition Alteration/Repair Garage
Renovation Shed Pool _	Roofing Deck Foundation Only
Demolition Other	
Flood Zone Wet	lands Yes No
Work Description:	
Check what applies for this project:	: Electrical Plumbing Heating Gas Fitting
Oil Storage Asbestos/Lead Rem	noval Fire Suppression Fire Detection
Total Project Cost \$	
	OFFICIAL USE
Fee Check No.	Paid in Full Outstanding Balance
Print Name of Bldg. Official	Signature Date

CONTRACTORS INFORMATION

CSL No	Expiration Date
PRINT	
Name:	Phone:
Address:	
City/Town zip:	
HOME IMPROV	EMENT CONTRACTOR (HIC)
Company Name or HIC Name:	
Address:	Phone:
City/Town zip:	
HIC No.	Expiration Date:
Workers' Compensation I	nsurance Affidavit (M.G.L. 152 § 25C(6))
Workers Compensation Insurance affidavit will be denied.	must be submitted with the application or the application
Workman's Comp: I am the Sole Propriet	or I have Worker's Comp
Signed Affidavit Attached Yes	No
OWNE	R AUTHORIZATION
I, as Owner of the subject property hereby a to act on my behalf in all matter relative to	authorize work authorized by this building permit application.
Owners' Signature:	Date:
all of the information contained in this appl and understanding.	hereby attest under the pains and penalties of perjury that lication is true and accurate to the best of my knowledge
Signature	Date
	SIGN OFFS
Board of Health	Conservation:
Fire Department	Tax Collector: